

First of all, I think the arrogance of power on that side has been very difficult to deal with. The arrogance of power when they said, We will shut down Government rather than talk to people or deal with people or compromise or negotiate. I do not think women like that kind of arrogance of power and they are not going to forget the constant Government shutdowns and all the waste of money that went on during that period.

But let me talk about some of the other things this report is going to show. It is talking about family planning. Family planning survived in this Congress by one vote. That is about as close as you can get. Increasing the minimum wage. The majority of the people on the minimum wage happen to be women, many of them single women trying to support a family. We have been for raising it and they have not.

Domestic violence: The prior Congress we had a unanimous vote to start trying to do something about domestic violence and violence against women in this country. One of the first things that they attempted to do this year was cut the funding, cut it very severely. We got some of it back; we did not get all of it back. But it tells you where they really want to go, if they could.

Let us talk about the extreme cuts in Medicare and Medicaid that were attempted that would really gut those programs and leave an awful lot of people hanging out there. And then there was the launch on the school lunch program. I could not believe anybody would launch on school lunches. Everybody knows that children do much better if they are fed and if they have strong nutrition.

And then Head Start. My city of Denver got forced with Head Start cuts and they had to make a decision, did they throw kids out that were in the Head Start Program so they would have enough money to do the whole year or did they leave all the kids in that were in and then just go until they ran out of money? They opted for B, and they have already had to shut Head Start down. It did not make it until the end of the year. They ran out of money.

I cannot believe we are doing that to 3-year-olds. Three-year-olds are our future; they are the 21st century. Yet in Denver we had to tell them, no.

So women, I think, according to Eleanor, as she says it, it is up to the women, have got to hold Members accountable for their votes. We cannot let Members go around and say, we know we voted against women but after all, we are women, so do not hold it against us. I think you could hold it against them all the more. Because I think that women should be the particular advocates on this floor explaining why day care choices are needed, why dependent care choices for elderly family members who may need adult supervision during the day are needed, why families need more tax relief, why families need family medical leave,

which is something Members on the other side did not want to back, why families need help, not a lot of help but they need some relief in lifting the pressure that they are feeling come down on them in this new global economy we are in.

I hope many people can get to that press conference. We are going to be talking back because Eleanor told us to.

SIDS INTERNATIONAL CONFERENCE

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Florida [Mr. FOLEY] is recognized during morning business for 5 minutes.

Mr. FOLEY. Mr. Speaker, yesterday, I had the pleasure of speaking before the fourth SIDS international conference taking place in Bethesda, MD.

This conference brought together researchers, health professionals, and parents from around the world to discuss recent and future efforts in the fight against sudden infant death syndrome.

SIDS is the No. 1 cause of death among infants between the ages of 1 week and 1 year, striking infants of all countries and cultures.

This tragic disease is responsible for the death of over 6,000 babies in the United States each year.

The sudden death of a child is a painful experience for any parent, especially when the infant is otherwise healthy and there is no apparent explanation for the child's death.

The good news is we have found ways to lower the risks of SIDS and we are now closer than ever to understanding the underlying causes of this condition.

My personal interest in SIDS stems from my work as a Florida State Senator when I met Stephanie Quick, a mother who had lost her son, Michael, to SIDS.

Michael was just 2 months old when he passed away. At the time of his death, there were few, if any, services in Florida available to families such as Stephanie's who had suffered such a tragic and unexplainable loss.

Since that meeting when I first learned about SIDS, I have worked on State legislation and public education efforts promoting research, support services for grieving families, training for first responders, and guidelines for death scene protocol.

Last year in Congress I, along with Senators HOLLINGS and STEVENS, sponsored the first congressional SIDS briefing to promote SIDS awareness by educating our colleagues and their staff about research and prevention efforts.

This even focused attention on the national "Back to Sleep" campaign which encourages the placement of healthy babies on their back or side to sleep.

Today, more and more parents are taking preventive steps such as this to lower the risks of SIDS.

Preliminary studies of the Back to Sleep campaign indicate the number of SIDS deaths in the United States is declining.

This is an important finding that reflects similar reports from other countries which have also seen a drop in SIDS deaths when babies are placed on their back to sleep.

While this news is very encouraging, more work is necessary if we are to reach our goal of eliminating SIDS.

The National Institute of Child Health and Human Development is the Federal agency responsible for health care research in the area of SIDS.

A recent study revealed that a brain defect in some SIDS babies could interfere with normal respiratory activity in infants and play a part in SIDS deaths.

This important finding underscores the critical need for congressional support of federally funded research and will provide us with valuable knowledge in the fight against SIDS.

It is my hope that our continued commitment to SIDS research will shed new light on the mystery behind SIDS and bring us closer to finding a cure to this cruel and tragic condition.

□ 1115

I would like to take a moment to especially thank my legislative aid, Cherie Lott, who has worked so tirelessly on bringing this issue to the forefront of the U.S. Congress. I think it can prove, without question, that this Congress is committed to caring for our children, caring for our parents and to maintain the best possible health care for all Americans.

RECESS

The SPEAKER pro tempore (Mr. ROHRBACHER). Pursuant to clause 12 of rule I, the House stands in recess until 12 noon.

Accordingly (at 11 o'clock and 17 minutes a.m.), the House stood in recess until 12 noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. LINDER) at 12 noon.

PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

We pray for the gift of vision, O God, for we know that when there is no vision, individuals and families and institutions do not thrive. Just as the flower receives its nourishment from the Sun and the soil, so the human spirit is nourished by a vision of Your presence in our lives and the support we receive from Your abiding care. We pray, O gracious God, that whatever our concerns or whatever our needs or whatever our hopes and dreams, we may realize the strength and comfort that